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COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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CONFIRMATION NO. 9273

Bib Data Sheet

SERIAL NUMBER 09/731,178	FILING DATE 12/06/2000 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. P-8896
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APPLICANTS

Steven D. Goedeke, Forest Lake, MN;
 David L. Thompson, Andover, MN;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/173,071 12/24/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 01/26/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged		Initials			

ADDRESS

27581

TITLE

Automatic voice and data recognition for implanted medical device instrument systems

FILING FEE RECEIVED 1180	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 9273

Bib Data Sheet

SERIAL NUMBER 09/731,178	FILING DATE 12/06/2000 RULE	CLASS 704	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. P-8896
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APPLICANTS

Steven D. Goedeke, Forest Lake, MN;
David L. Thompson, Andover, MN;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/173,071 12/24/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE****GRANTED ** 01/26/2001**

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Girma Wolde-Michael
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis ,MN 55432

TITLE

Automatic voice and data recognition for implanted medical device instrument systems

FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit